STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010065	A. BUILDING: _____ B. WING _____	C 05/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTLAKE TERRACE	3109 E BRISTOL ELKHART, IN 46514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00124135. Complaint IN00124135 - Unsubstantiated due to lack of evidence. Survey dates: May 13-14, 2013 Facility number: 010065 Provider number: 010065 AIM number: N/A Survey team: Honey Kuhn, RN Census bed type: Residential: 85 Total: 85 Census payor type: Other: 85 Total: 85 Sample: 3 Eastlake Terrace was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00124135. Quality Review 05/15/13 by Lisa McColly	R 000		